

FILED APR 10 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12071**  
Registrar's No. **3307**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>3307</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>MISSOURI</b> b. COUNTY <b>2239</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>ST. LOUIS</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>2209<sup>2</sup> MENARD</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>JAMES</b>		b. (Middle) <b>R.</b>		c. (Last) <b>MURPHY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH 26, 1953</b>	
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>FEB 20 1892</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ELEVATOR OPER.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>CHASE HOTEL</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>ILLINOIS</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>MURPHY</b>		13b. MOTHER'S MAIDEN NAME <b>MARY E. MULANE</b>		14. NAME OF HUSBAND OR WIFE <b>BARBARA MURPHY</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Y=, no, or unknown) <b>YES</b>		16. SOCIAL SECURITY NO. <b>WAR I</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>BARBARA MURPHY 2209<sup>2</sup> MENARD</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Aspiration pneumonia</b>				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Aneurysm of abdominal aorta involving left iliac artery with extravasation</b>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>491X</b>			
22. I hereby certify that I attended the deceased from <b>3-13-53</b> , 19____, to <b>3-26-53</b> , 19____, that I last saw the deceased alive on <b>3-26-53</b> , 19____, and that death occurred at <b>12:30 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Dennan Bailey M.D.</b>				23b. ADDRESS <b>1515 Lafayette Avenue</b>		23c. DATE SIGNED <b>3-26-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>MAR. 30, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>NATIONAL CEM.</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO.</b>	
DATE REC'D BY LOCAL REG. <b>MAR 27 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Thomas Kutis 2906 Bruce</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

*Lea J. Buddle*

Licensed Embalmer No.....

3989

P. O. Address.....

*St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.